

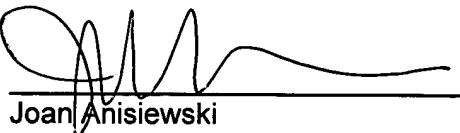


11-13-06

Docket No. DRF 3.02-052

CERTIFICATION UNDER 37 CFR 1.10

The undersigned hereby certifies that this correspondence, and all documents referred to as being enclosed herewith, is being deposited with the United States Postal Service on this date November 9, 2006 in an envelope as "Express Mail Post Office to Addressee," Mailing Label Number EV 504212857 US, addressed to: Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Joan Anisiewski

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Helle WEIBEL, et al.

Application No.: 10/699,043

Group Art Unit: 1614

Filed: October 31, 2003

Examiner: Cook, Rebecca

For: NEW PHARMACEUTICAL COMPOSITION AND THE PROCESS FOR ITS PREPARATION

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing in the above-identified application is a

- Terminal Disclaimer, PTO/SB/26 (1 pg.)
- Petition for Extension of Time, PTO/SB/22 (1 pg. – in dupl.)
- Fee Transmittal, PTO/SB/17 (1 pg. – in dupl.)
- Forms PTO/SB/96 and PTO/SB/80 for Dr. Reddy's Laboratories Ltd. (2 pgs.)
- Forms PTO/SB/96 and PTO/SB/80 for Dr. Reddy's Laboratories, Inc. (2 pgs.)
- Amendment and Response (9 pgs.)

Application No. 10/699,043

X Postcard; and
X Certificate of Mailing.

Respectfully submitted,
Attorney for Applicants

Dated: November 9, 2006

By:



Milagros A. Cepeda

Reg. No. 33,365

(908) 203-6505

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 130.00)

Complete If Known

Application Number	10/699,043
Filing Date	October 31, 2003
First Named Inventor	Helle WEIBEL, et al.
Examiner Name	Cook, Rebecca
Art Unit	1614
Attorney Docket No.	DRF 3.02-052

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-3221 Deposit Account Name: Dr. Reddy's Laboratories, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES
Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
- 20 or HP =	x	=			50	25

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =	x	=			200	100

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer

Fees Paid (\$)130.00
SUBMITTED BY

Signature	<u>Milagros A. Cepeda</u>	Registration No. (Attorney/Agent) 33,365	Telephone (908) 203-6505
Name (Print/Type)	Milagros A. Cepeda	Date November 8, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.